	(Gen. Reg. No. 51, Supp. No. 11) (Amended February 20, 1952)  / S. Cost Reimbursable							PAID BY			
(Department, Bureau, of Continuent)											
oucher prep	ared at		(Give place and dat	e)			1			_	
THE UNITED STATES, Dr.,  Payee's Account No. 996					SAPC 5342						
HE UNITED 3	IAILS, Dr.,	1 ages o 11000ant 1 to the			COPY / OF 3						
0			(Payee)	,						1	
							L				
	(Ad	dress)	(City)	(S	tate)	T	UNIT	PRICE	AMOUNT		
lo. and Date of Order	Date of Delivery or Service	(Enter description schedule, s Discount Terms	ARTICLES OR SERVIC on, item number of contr and other information dec	ract or Federal somed necessary)	upply	QUANTITY	Cost	Per	Dollars	Cts.	
		Cost							9,051	40	
AYMENT:											
Complete   Partial   Final		ַט	se continuation sheet(s) if	necessary				Total	9,051	40	
hipped from		to	Weight	Government	B/L No.	yee must NO	T use this		9,001	1	
STATI		ct and just and that ; (Sign original on	payment has not been rec	etveu.		nces					
Date				-  -  -	Am	ount verified; mature or init	correct fo	or 44		4	
	A 101	Date	Req. 1	No.		Date		Invoice Rec	<u> </u>		
Contract No.		. I certify that this a	ccount is correct and prop	er for payment				4/2	13/56		
	ority vested in me	,, , , , , , , , , , , , , , , , , , , ,		1				ршеег)	- <u> </u>	<b></b>	
Pursuant to agth		į	SIGN ORIGINAL ONLY	Title		V		<u> </u>	AIINIL		
Pursuant to agth		FFICER	ORIGINAL	Title  Date		V		S]	.A.I.IN.I.L		
Pursuant to swith	TRACTING O	FFICER STAT	ORIGINAL ONLY  CUTED WHEN PURCHASES ARE A	Date MADE OR SERVICES S					AIINIL		
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Pursuant to seth	TRACTING O	FFICER STAT THIS FORM MUST BE EXECUTIVE CLASSIFIC	ORIGINAL ONLY  CUTED WHEN PURCHASES ARE A	Date MADE OR SERVICES S					ALINIL		
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